

CLAIMS ONLY						Application Number <i>10/698,560</i>	Filing Date		
<i>(0-27-05)</i>						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			
1		/							
2			/						
3			/						
4									
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47									
48				/					
49									
50									
Total Indep			8						
Total Depend			38						
Total Claims			46						
Total Indep			0						
Total Depend			5						
Total Claims			5						